

2013-2014

NON-MEDICARE
**GIC RETIRED
MUNICIPAL
TEACHERS
(RMTs)**
AND ELDERLY
GOVERNMENTAL
RETIREES (EGRs)

GIC HEALTH PLANS
BENEFITS AT-A-GLANCE

Benefits Effective July 1, 2013



Commonwealth of Massachusetts
Group Insurance Commission

*Your
Benefits
Connection*

PHYSICIAN TIERING AND PLAN DESIGN

Improving the Way We Get and Pay for Care

The GIC's new five-year contracts with our health plans require them to work with providers to establish integrated systems of care with financial incentives for achieving budget targets and adopting new payment systems. The plans are subject to penalties for not achieving these benchmarks. For members, this means:

- You are encouraged to designate a Primary Care Provider (PCP) with your health plan;
- You can now choose a nurse practitioner or physician assistant as your PCP;
- You should get more coordinated, integrated care;
- You have incentives to use quality, lower-cost providers; and
- Your premiums should stabilize or even go down over the next few years.



During annual enrollment, check your doctor's and hospital's tier, as they can change each July 1 with new data.

Clinical Performance Improvement Initiative

Be sure to consider physician and hospital tiers when choosing a provider. The GIC's Clinical Performance Improvement Initiative gives you an incentive to use doctors with higher-quality and/or cost-efficiency scores. You pay the lowest copay for the highest-performing doctors:

- ★★★ Tier 1 (excellent)
- ★★ Tier 2 (good)
- ★ Tier 3 (standard)

Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 copay.

Plan Design

Fallon Community Health Plan Direct Care HMO

- PCP – designation required
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

Fallon Community Health Plan Select Care HMO

- PCP – designation required
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

Health New England HMO

- PCP – designation required
- Referrals to network specialists required – no
- Out-of-network benefits – no, except for emergency care

NHP Care – Neighborhood Health Plan HMO

- PCP – designation required
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

UniCare State Indemnity Plan/Basic (Indemnity Plan)

- PCP – designation strongly encouraged
- Referrals to network specialists required – no
- Out-of-network benefits – The plan determines allowed amounts for out-of-state providers; you may be responsible for a portion of the total charge. Use UniCare's national network of providers to avoid these provider charges.

Calendar Year Deductible

The deductible is a fixed dollar amount you must pay before your health plan begins paying benefits for you or your covered dependent(s).

The lists below summarize expenses that generally are or are not subject to the annual deductible. These are not exhaustive lists. You should check with your health plan for details. Also, as with all benefits, ***variations in these guidelines below may occur depending upon individual patient circumstances and a plan's schedule of benefits.***

Examples of in-network expenses ***generally exempt*** from the deductible:

- Prescription drug benefits
- Outpatient mental health/substance abuse benefits
- Office visits (primary care physician, specialist, retail clinics, preventive care, maternity and well baby care, routine eye exam, occupational therapy, physical therapy, chiropractic care and speech therapy)
- Medically necessary child and adult immunizations
- Wigs (medically necessary)
- Hearing Aids
- Mammograms
- Pap smears
- EKGs
- Colonoscopies

Examples of in-network expenses ***generally subject to*** the deductible:

- Emergency room visits
- Inpatient hospitalization
- Surgery
- Laboratory and blood tests
- X-rays and radiology (including high-tech imaging such as MRI, PET and CT scans)
- Durable medical equipment

HEALTH PLAN LOCATIONS

Choose the Best Health Plan for You and Your Family

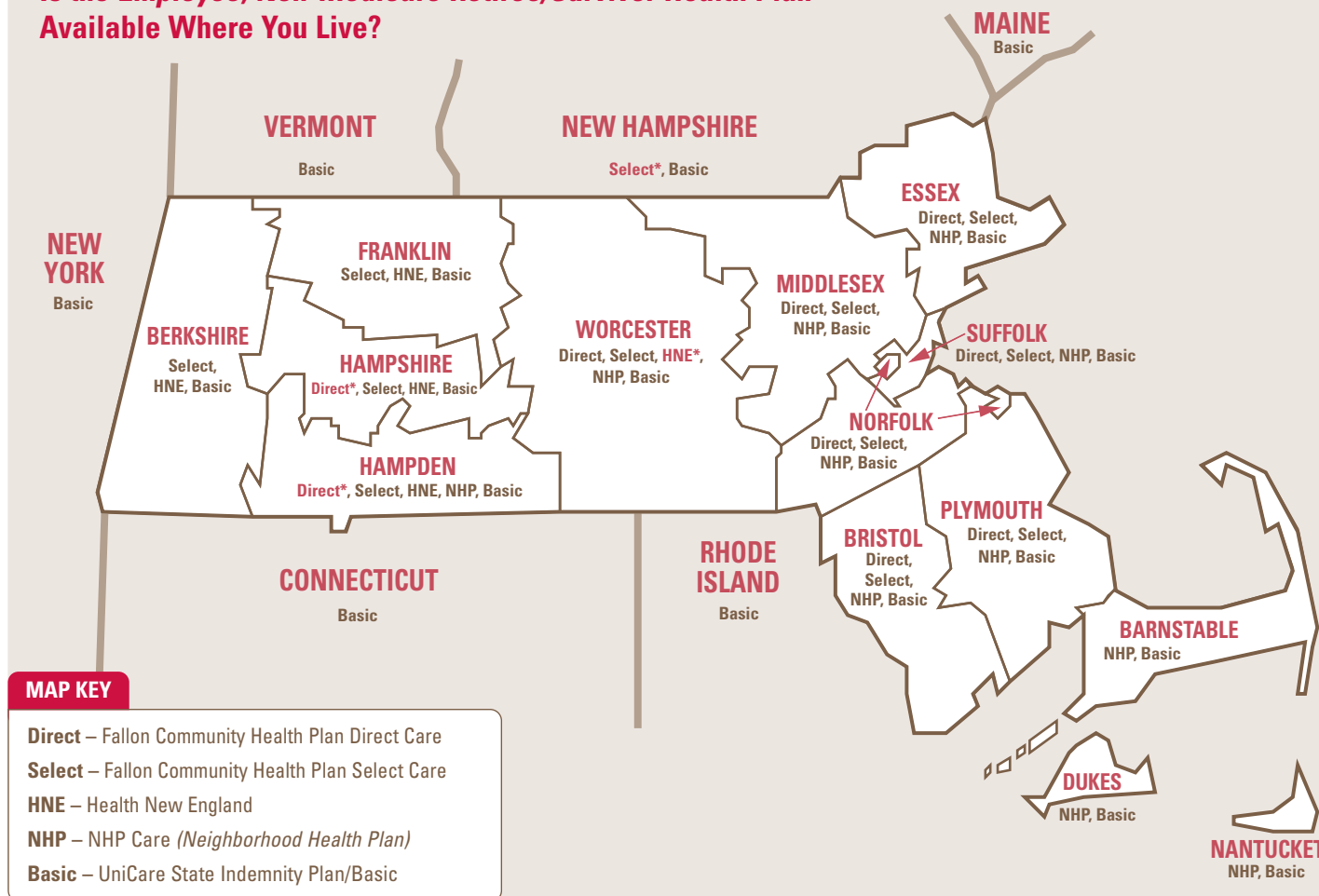
- Where you live determines which plan(s) you may enroll in. See the map below to see which health plans are available in your area.
- See your *GIC Benefit Decision Guide* for additional eligibility details, benefit information, rates, and factors to consider when choosing a health plan.
- Contact the health plans you are considering to find out:
 - Information on other health plan benefits that are not described in this brochure;

- Whether your doctors and hospitals are in the network (Note: Be sure to specify the health plan's full name, such as "Harvard Pilgrim *Primary Choice Plan*" or "Harvard Pilgrim *Independence Plan*," not just "Harvard Pilgrim,"); and
- Which copay tiers your doctors and hospitals are in; these affect what you pay when you get hospital or physician services.
- See the GIC's website (www.mass.gov/gic) for additional information.



Keep in mind that if your doctor or hospital leaves your health plan's network during the year, you *must* stay in the plan until the next annual enrollment. In the meantime, your health plan will help you find another provider.

Where You Live Determines Which Plan You May Enroll In. Is the *Employee, Non-Medicare Retiree/Survivor Health Plan* Available Where You Live?



The UniCare State Indemnity Plan/Basic is the only employee health plan offered by the GIC that is available throughout the United States and outside of the country.



* Not every city and town is covered in this county or state; contact the plan to find out if you live in the service area. The plan also has a limited network of providers in this county or state; contact the plan to find out which doctors and hospitals participate in the plan.

BENEFITS AT-A-GLANCE: *Copays for Non-Medicare GIC RMTs (Retired Municipal Teachers)*

This chart is a comparative overview of GIC plan benefits. See the corresponding overview information for each plan for more information. With the exception of dental and vision, all other services are covered under the same terms and conditions. For providers, benefit details, exclusions, and limitations see the plan handbook or contact the individual plan.

HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN DIRECT CARE	FALLON COMMUNITY HEALTH PLAN SELECT CARE
PLAN TYPE	HMO	HMO
TELEPHONE NUMBER	1.866.344.4442	1.866.344.4442
WEBSITE	www.fchp.org/gic	www.fchp.org/gic
Calendar Year Deductible		
Individual	\$250	\$250
Two person family	\$500	\$500
Three or more person family	\$750	\$750
Primary Care Provider Office Visit		
★★★ Tier 1 (<i>excellent</i>)	\$15 per visit	\$20 per visit
★★ Tier 2 (<i>good</i>)	no tiering	no tiering
★ Tier 3 (<i>standard</i>)	no tiering	no tiering
Preventive Services	Most covered at 100% – no copay	Most covered at 100% – no copay
Specialist Physician Office Visit		
★★★ Tier 1 (<i>excellent</i>)	\$25 per visit	\$25 per visit
★★ Tier 2 (<i>good</i>)	no tiering	\$35 per visit
★ Tier 3 (<i>standard</i>)	no tiering	\$45 per visit
Retail Clinic	\$15 per visit	\$20 per visit
Outpatient Mental Health and Substance Abuse Care	\$15 per visit	\$20 per visit
Emergency Room Care	\$100 per visit (<i>waived if admitted</i>)	\$100 per visit (<i>waived if admitted</i>)
Inpatient Hospital Care: Medical		<i>Maximum one copay per person per calendar year</i>
Tier 1	\$200 per admission	\$250 per admission
Tier 2	no tiering	\$500 per admission
Tier 3		\$750 per admission
Outpatient Surgery		<i>Maximum four copays per calendar quarter or per year</i>
	\$110 per occurrence	\$125 per occurrence
High-Tech Imaging (<i>e.g., MRI, CT and PET scans</i>)	<i>Maximum one copay per day. Contact the plan for details.</i> \$100 per scan	\$100 per scan
Prescription Drug Retail: <i>up to a 30-day supply</i>		
Tier 1	\$10	\$10
Tier 2	\$25	\$25
Tier 3	\$50	\$50
Mail-order: <i>Maintenance drugs up to a 90-day supply</i>		
Tier 1	\$20	\$20
Tier 2	\$50	\$50
Tier 3	\$110	\$110

Members not in the Municipal Program) and EGRs (Elderly Governmental Retirees)

With the exception of emergency care, there are no out-of-network benefits for the GIC's HMOs.

HEALTH NEW ENGLAND	NHP CARE (Neighborhood Health Plan)	UNICARE STATE INDEMNITY PLAN/ BASIC With CIC (Comprehensive) Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.
HMO	HMO	INDEMNITY
1.800.842.4464	1.866.567.9175	1.800.442.9300
www.hne.com/gic	www.nhp.org/gic	www.unicarestatplan.com
\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750
\$20 per visit no tiering no tiering	\$15 per visit \$25 per visit \$30 per visit	\$20 per visit no tiering no tiering
Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit
\$20 per visit	\$20 per visit	\$20 per visit
\$20 per visit	\$25 per visit	\$20 per visit
\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
Maximum one copay per year; copays waived if readmitted within 30 days in the same calendar year.		
\$250 per admission no tiering	\$250 per admission no tiering	\$200 per admission no tiering
Maximum one copay per year, depending on plan. Contact the plan for details or see the GIC Benefit Decision Guide.		
\$110 per occurrence	\$110 per occurrence	\$110 per occurrence
Maximum one copay per day. Contact the plan for details.		
\$100 per scan	\$100 per scan	\$100 per scan
\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50
\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110



MARK THE DATE!

- **GIC Retired Municipal Teachers (RMTs) retiring in June 2013 have until June 15, 2013** to select their coverage, which becomes effective September 1, 2013. Return enrollment forms and required documentation to your benefits office.
- **Current RMTs and EGRs wishing to change plans:** Completed forms are due to the GIC no later than Wednesday, May 8, for changes effective July 1, 2013.

Additional Contact Information

All UniCare State Indemnity Plans

- **Prescription Drug Benefits (CVS Caremark):**
1.877.876.7214
www.caremark.com/gic

- **Mental Health/Substance Abuse and EAP Benefits (Beacon Health Strategies):**
1.855.750.8980
www.beaconhs.com/gic



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Group Insurance Commission
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